

Important Advances in Clinical Medicine

Epitomes of Progress — Urology

The Scientific Board of the California Medical Association presents the following inventory of items of progress in urology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in urology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Urology of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to: Division of Scientific and Educational Activities,
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Extracorporeal Corporo-Venous Shunting for Priapism

Priapism is a persistent, painful penile erection unaccompanied by sexual desire. In the past two decades, several methods of treatment have been developed, most of which result in detumescence sooner than if the disease were to run its natural course. Inherent in all shunt procedures is the concept that they are temporary. In view of this and the fact that the potency rate even in treated cases still remains at about 50 percent, a new protocol for the management of idiopathic priapism has been derived at the University of Utah Medical Center.

An initial thorough search for the cause is undertaken, and the primary disease in appropriate cases is treated. If conservative measures fail to produce detumescence, aspiration and irrigation of the corpora with pneumatic cuff compression is initiated. If the priapism persists, a shunt procedure such as extracorporeal corporo-venous shunting is carried out.

The advantages of extracorporeal circulatory management include the relative simplicity, requiring only frequent monitoring to assure that flow

is adequate, and the procedure can be repeated in cases of recurrent priapism.

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REFERENCES

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Quackels R: Cure d'un cas de priapisme par anastomose cavernospongieuse. *Acta Urol Belg* 32:5-13, Jan 1964 (Fr)
Moloney PJ, Elliott GB, Johnson HW: Experiences with priapism. *J Urol* 114:72-76, Jul 1975

Recent Experience in the Management of Fournier Gangrene

IN REVIEWING our recent experience in managing five cases of necrotizing fasciitis or synergistic gangrene of the scrotal-perineal region, otherwise known as Fournier gangrene, we found ourselves in agreement with current literature as to pathogenesis and bacteriology but in disagreement as to the wide radical debridement advocated.

As the name implies, necrotizing fasciitis spreads rapidly along the fascial planes of the lower abdomen, perineum and perianal region. Obvious progression of erythema, scrotal enlargement and induration extending into the perineum and buttocks occurs in a matter of only several hours. All